



School Age Summer Registration Form

Please submit separate forms for each sibling – Tuition: \$210 per week unless noted below

Child's Name: _____ **DOB:** _____ **Age:** _____ **Gender** _____ **Grade Entering:** _____

Select weeks your child will attend

June 26th-June 30th July 5th – 7th (closed 3rd & 4th) \$126 July 10 – July 14 July 17 – July 21
 July 24 – July 28 July 31 – Aug 4 Aug 7 – Aug 11 Aug 14 – Aug 18

Child's Home Address: _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

ADDITIONAL PEOPLE WHO MAY PICK UP MY CHILD(REN) / EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____ Current Medications: _____

Allergies: _____ Insurance Company: _____ Policy Number: _____

Dentist's Name: _____ Phone: _____

ALLERGIES AND SPECIAL NEEDS

Please list any allergies and/or special needs in the space below. Attach any supportive documentation and/or emergency care plans _____

PICTURE RELEASE

I, **(parent/guardian)** _____ give my permission for **(son/daughter)** _____ to be photographed or videotaped during his/her time at Part 2 After School or Summer Camp. These photographs and videos may be used on our website or publications.

IMMUNIZATION RELEASE

I, **(parent/guardian)** _____ give my permission for the Part 2 staff to access my child's immunization records from the school district's records.

TRANSPORTATION

I, **(parent/guardian)** _____ give my permission for my child to attend off-site field trips and to be transported by school bus driven by district trained and CDL licensed bus drivers.

PARENT/GUARDIAN AUTHORIZATION

I authorize the Part 2 staff to provide emergency medical care and associated transportation that may be involved. I give my permission to contact my child's physician or dentist in an emergency situation.

By signing this document, I give permissions to the above and agree to abide by the policies set forth by the Part 2 after school program and dictated in the "Part 2 Parent Handbook" found at www.part2kids.com.

Signed: _____

Date: _____

Forms and payment can be mailed to Part 2, 125 School St, Richmond, VT 05477, given to Part 2 staff OR scanned and emailed to amanda.arena@cesvvt.org